

## Satellite Accumulation Area (SAA) Reminders

(please post by your SAA)

- Notify ESD Safety Coordinator Jil Geller (x7313) before setting up or dismantling an SAA.
- Any container of **hazardous waste must be in the SAA.**
- Clearly delineate the SAA, and do not store anything that is NOT hazardous waste in the SAA.
- Maintain 28" (min) pathway between SAA and egress.
- Each container must have red and white **"Hazardous Waste" label completely filled out** (see lower right)
- Put liquid wastes and wastes in glass containers in **secondary containment**
- Containers must be compatible with waste
- Incompatible wastes must be **properly segregated**, including separate secondary containment. (Separate wastes that may react if mixed, e.g., acids/bases, organics/oxidizers, water/reactives)
- Put ignitable liquid wastes **greater than 1 quart (1 pint if BP<100F, FP<73F) in red "flam can"**
- Keep waste containers **closed when not adding or removing waste**
- Requisition waste pick-up when container becomes full or **within 6 months of SAA start date (ESD's requirement)**
  - Fax requisition for hazardous waste pickup to x4838 or use electronic requisition from <http://www.lbl.gov/ehs/>
  - Containers and labels may be purchased from LBNL Stores or obtained from Waste Management (<http://www.lbl.gov/ehs/waste/html/supplies.htm>)

More info/questions:

- SAA links at ESD's EH&S website and EH&S Division website.
- Howard Hansen, x5867, Waste Generator Assistant
- Jil Geller, x7313, ESD Safety Coordinator

HAZARDOUS WASTE			
HANDLE WITH CARE!			
Generator _____ Building _____	Name _____ Bldg No. _____	Phone # _____ Room _____	Phone _____ Room No. _____
Contents _____	Description of waste _____	Hazardous properties <i>Check all that apply</i> <input type="checkbox"/> Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Ignitable <input type="checkbox"/> Reactive <input type="checkbox"/> Other _____	
SAA start date _____	Start Date _____	<input type="checkbox"/> Check all that apply	
WAA receipt or accumulation start date* _____			
HAZARDOUS WASTE HANDLING FACILITY USE ONLY			
HWHF receipt date _____		<input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Check all that apply	
Disposal requisition # _____			
Sample analysis # _____			
<small>*Receival Date from SAA or Accumulation Start Date in the WAA Berkeley Laboratory 1 Cyclotron Rd., Berkeley, CA 94720</small>			